| PATENT APPLICATION FEE DETERMINATI N RECOF     |  |   |              |                      |                              |                  |        | Application or Docket Number  10 09/222742 |                        |       |                     |                        |  |
|--|--|---|--------------|----------------------|------------------------------|------------------|--------|--|------------------------|-------|---------------------|------------------------|--|
| Effective October 1, 2000 3960. D4             |  |   |              |                      |                              |                  |        |  |                        |       |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |              |                      |                              |                  |        | SMALL E                                    | NTTTY                  | OR    | OTHER               |                        |  |
| TOTAL CLAIMS                                   |  |   | 29           |                      |                              |                  |        | RATE                                       | FEE                    | 1 1   | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED |                      | NUMBER EXTRA                 |                  |        | BASIC FE                                   | 355.00                 | OR    | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS                        |  |   | 29 minus 20= |                      | . 9                          |                  |        | X\$ 9=                                     |                        | OR    | X\$18=              | 162                    |  |
| IND  | EPENDENT CL  | AIMS                                      | = 5 minus 3  |                      | •                            |                  |        | X40=                                       |                        | OR    | X80=                |                        |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT       |                      |                              |                  |        | +135=                                      |                        | OR    | +270=               |                        |  |
| ١١.  | the difference   | in column 1 is                            | ro, ente     | r °0° in c           | olumn 2                      |                  | TOTAL  |  | OR                     | TOTAL | 872                 |                        |  |
| CLAIMS AS AMENDED - PART II 3/                 |  |   |              |                      |                              |                  | )      | TOTAL                                      |                        | 011   | OTHER               |                        |  |
| (Column 1) (Column 2) (Column 3)               |  |   |              |                      |                              |                  | !      | SMALL                                      | ENTITY                 | OR    | SMALL               |                        |  |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI         | BEA                          | PRESENT<br>EXTRA |        | RATE                                       | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | · 25                                      | Minus        | : (                  | 29                           |                  |        | X\$ 9=                                     |                        | OR    | X\$18=              |                        |  |
|  | Independent  | . 3                                       | Minus        | ***                  | 3                            | c                |        | X40=                                       |                        | OR    | X80=                |                        |  |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF  | PENDEN               | T CLAIM                      |                  | •      | +135=                                      |                        | OR    | +270=               |                        |  |
| 2/1/01   |  |   |              |                      |                              |                  | 6      | TOTAL                                      |                        | OR    | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)               |  |   |              |                      |                              |                  |        |  |                        |       | AUUI I. PES         |                        |  |
| AMENDMENT B                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE                                       | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 21                                      | Minus        | :                    | 24                           | =                |        | X\$ 9=                                     |                        | OR    | X\$18=              |                        |  |
|  | Independent  | · m                                       | Minus '      | ***                  | 9                            | -                |        | X40=                                       |                        | OR    | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |              |                      |                              |                  | J      | +135=                                      |                        | OR    | +270=               |                        |  |
| 7/13/06  |  |   |              |                      |                              |                  | )<br>) | TÖTAL<br>ADDIT, FEE                        |                        | OR    | TOTAL<br>ADDIT, FEE |                        |  |
|  | (Column 1) (Column 2) (Column 3)   |   |              |                      |                              |                  |        |  |                        | •     | APPI II F EE        |                        |  |
| AMENDMENT C                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | High<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE                                       | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | · 30                                      | Minus        | •• (                 | 26)                          | • )              |        | X\$ 9=                                     |                        | OR    | X\$18= .            | 50                     |  |
|  | Independent  | . 3                                       | Minus        | •••                  | 3                            | -                | ]      | X40=                                       |                        | OR    | X80=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                      |                              |                  |        | .125-                                      |                        |       | +270=               |                        |  |
| •  | If the entry in colu   | l   | +135=        |                      | OR                           | TOTAL            |        |  |                        |       |                     |                        |  |
| ***  | "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                      |                              |                  |        |  |                        |       |                     |                        |  |